



# Benefit Overview 2021



**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.  
Please see page 19 for more details.**

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## A Message from HR

Through our benefits program, we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view summaries of our benefit plans by accessing our website, <https://msa.hanford.gov/hr>. This benefit overview is a high-level informational tool. Please see the summary plan description for specific and/or complete details.



# Eligibility

## Eligible Employees:

You may enroll in the Hanford Employee Welfare Trust (HEWT) Employee Benefits Program if you are a regular full-time or part-time employee working at least 20 hours per week of a sponsoring company of the HEWT.

## Eligible Dependents:

Eligible dependents include your legal spouse, domestic partner (as recognized by Washington State, one partner must be at least 62 years or older and both partners must live in the same residence) and children up to age 23 or age 26 depending on coverage (26 for medical and Willamette Dental and 23 with Delta Dental). If your child is mentally or physically disabled, coverage may continue beyond the maximum age once proof of the ongoing disability is provided (see eligibility criteria for additional details). Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship, as well as children of Washington state-registered domestic partners. *Please note:* No person can be double covered under the HEWT plans.

## When Coverage Begins:

Newly hired employees and dependents can enroll in the HEWT's benefits programs effective their date of hire. All elections are in effect for the entire plan year and can only be changed during the annual enrollment period, unless you experience a qualified life event. Each plan year begins on January 1<sup>st</sup> and ends on December 31<sup>st</sup>.

## Qualified Life Event Change:

A qualified life event is a change in your personal life that may impact your eligibility, or dependent's eligibility, for benefits. Examples of some life status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 31 days of the event (or 60 days for birth of a child, adoption or loss of State coverage). Documentation is required to verify your change of status. Please contact HEWT at Benefits-HEWT (onsite) or at Benefits-HEWT@rl.gov (offsite) to make these changes.





# Medical Insurance – At a Glance

	UnitedHealthcare PPO		Kaiser Permanente Options	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Calendar Year Deductible</b>				
Individual / Family	\$325 / \$650	\$425 / \$850	\$150 / \$300	\$250 / \$500
Coinsurance	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
<b>Calendar Year Out-of-Pocket Maximum</b>				
Individual / Family	\$1,350 / \$2,700	\$3,500 / \$7,000	\$1,150 / \$2,300	\$2,875 / \$5,750
<b>Physician Office Visit</b>				
Primary, Specialty, and Urgent Care Office Visits	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
<b>Preventive Care</b>				
Adult Periodic Exams and Well Child Care	Plan pays 100% (DW)	Plan pays 60% You pay 40%	Plan pays 100% (DW)	Plan pays 70% You pay 30%
<b>Diagnostic Services</b>				
X-ray and Lab Tests	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Complex Radiology	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20% (PA RQD)	Plan pays 70% You pay 30% (PA RQD)
Emergency Room (copay waived if admitted)	\$150 copay then Plan pays 80% You pay 20%	\$150 copay then Plan pays 80% You pay 20%	\$150 copay then Plan pays 80% You pay 20%	\$150 copay then Plan pays 80% You pay 20%
Inpatient Facility Charges	Plan pays 80% You pay 20% (PN RQD)	Plan pays 60% You pay 40%	Plan pays 80% You pay 20% (PA RQD)	Plan pays 70% You pay 30% (PA RQD)
Outpatient Facility Charges	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
<b>Mental Health &amp; Substance Abuse</b>				
Inpatient	Plan pays 80% You pay 20% (PN RQD)	Plan pays 60% You pay 40% (PN RQD)	Plan pays 80% You pay 20% (PA RQD)	Plan pays 70% You pay 30% (PA RQD)
Outpatient	Plan pays 80% You pay 20% (PN RQD)	Plan pays 60% You pay 40% (PN RQD)	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
<b>Rehabilitation Services (Occupational, Speech &amp; Physical)</b>				
Inpatient	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20% Limited to 60 days per condition PCY	Plan pays 70% You pay 30%
Outpatient	Plan pays 80% You pay 20% Limited to 30 visits PCY	Plan pays 60% You pay 40%	Plan pays 80% You pay 20% Limited to 60 visits per condition PCY	Plan pays 70% You pay 30%
<b>Other Services</b>				
Durable Medical Equipment, Supplies and Devices	Plan pays 80% You pay 20% (PN RQD)	Plan pays 60% You pay 40% (PN RQD)	Plan pays 80% You pay 20% (DW)	Plan pays 80% You pay 20%
Acupuncture	Plan pays 80% You pay 20%	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
	Limited to 20 visits PCY		Limited to 8 visits PCY	
Chiropractic	Plan pays 80% You pay 20% Limited to 20 visits PCY	Plan pays 60% You pay 40%	Plan pays 80% You pay 20% Limited to 20 visits PCY	Plan pays 70% You pay 30%

PCY = Per Calendar Year

DW = Deductible Waived

PN RQD = Pre-Notification is Required, or benefits are reduced

PA RQD = Pre-Authorization is Required, or benefits may not be covered

	UnitedHealthcare PPO		Kaiser Permanente Options	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Hearing Benefits</b>				
Exam	Plan pays 80% You pay 20% (1 exam per 12 months)	Plan pays 60% You pay 40%	Plan pays 80% You pay 20%	Plan pays 70% You pay 30%
Hardware	Plan pays 80% You pay 20% (Plan pays up to \$300 every 36 months)	Plan pays 60% You pay 40%	Plan pays \$400 per ear every 36 months	Shared with in-network
<b>Vision Benefits</b>				
Vision Exam (every 12 months)	You pay \$10 copay	Plan pays 85% of contracted charges. Maximum reimbursement in a calendar year is \$165 for exam and hardware combined.	1 visit (DW) Plan pays 100%	Not covered
Lenses	You pay \$10 copay; lenses every 12 months - standard single vision & multi-focal		Plan pays \$165 per 24 months (DW)	Shared with in-network
Frames	Covered every 24 months up to a \$50 wholesale frame allowance			

(DW) = Deductible Waived

The HEWT offers medical and drug coverages through Kaiser Permanente, United Healthcare & Express Scripts, along with dental coverage through Delta Dental of Washington or Willamette Dental, and disability coverage, life insurance and accident insurance through Cigna. The charts and descriptions in this benefit overview are intended to be a brief summary of what is offered. For additional plan details along with limitations and exclusions, please refer to the Summary of Benefits and Coverage, Summary Plan Description, Certificates of Coverage and/or Certificate of Insurance which can be found on our website: <https://msa.hanford.gov/hr>. Should there be any discrepancies in this benefit overview, the governing/prevaling documents will be the Summary of Benefits and Coverage, Summary Plan Description, Certificates of Coverage and/or Certificate of Insurance.



### Kaiser Permanente Options Plan

Kaiser Permanente Options provides you with flexibility when seeking covered medical services by allowing you to receive care in or outside of the Kaiser Permanente network. You will be required to elect a primary care physician (PCP) and you maximize your coverage by having care provided or referred by your PCP. This plan offers members a combination of in-network managed services and out-of-network services, which can be from any qualified provider. In-network services usually require a 20% co-insurance after the deductible is met. Out-of-network services are subject to a higher annual deductible and a co-insurance payment, typically 30% of the remaining covered expenses up to an annual out-of-pocket maximum. Prescription drug benefits through Kaiser Permanente include retail and home delivery service.

### UnitedHealthcare PPO Plan

UnitedHealthcare PPO has access to a broad network of physicians and hospitals nationwide. This plan design offers two levels of coverage—a higher level of benefits apply for in-network services, and a lower level of benefits is available for out-of-network services with a higher deductible and co-insurance. The plan includes a full spectrum of covered services and direct access to specialists without needing to obtain a referral. Under the UnitedHealthcare PPO plan, Express Scripts, Inc will manage your prescription drug benefit. Retail and home delivery services are available.

# Prescription Drug Coverage

UnitedHealthcare PPO/Express Scripts		
	In-Network	Out-of-Network
Prescription Out-of-Pocket Maximum	\$1,750 per individual / \$2,750 per family per calendar year	
<b>Retail Pharmacy (up to a 30 day supply)</b>		
Tier 1 (Low cost option)	\$10 copay	Contact Express Scripts for Reimbursement Details
Tier 2 (Mid-range cost option)	\$35 copay	
Tier 3 (Mid-range cost option)	\$50 copay	
Tier 3 (Specialty)	20% coinsurance to a minimum of \$65 and maximum of \$150 copay	
<b>Mail-Order Pharmacy (up to a 90 day supply)</b>		
Tier 1 (Low cost option)	\$20 copay	Not covered
Tier 2 (Mid-range cost option)	\$70 copay	Not covered
Tier 3 (Mid-range cost option)	\$100 copay	Not covered

Kaiser Permanente		
	In-Network	Out-of-Network
Prescription Out-of-Pocket Maximum	Combined with Medical	
<b>Retail Pharmacy (up to a 30 day supply)</b>		
Preferred Generic	\$20 copay	\$25 copay
Preferred Brand Name	\$40 copay	\$45 copay
Non-Preferred Generic/Brand Name	\$60 copay	\$65 copay
<b>Mail-Order Pharmacy (up to a 90 day supply)</b>		
Preferred Generic	\$40 copay	Not covered
Preferred Brand Name	\$80 copay	Not covered
Non-Preferred Generic/Brand Name	\$120 copay	Not covered



# Dental Insurance



The HEWT offers the choice between two dental providers for dental coverage, Delta Dental of Washington and Willamette Dental of Washington, Inc.

**Delta Dental of Washington** allows you to receive care from a participating Delta PPO Network provider or an Out-of-Network provider. You receive a higher level of benefit and your maximum stretches further if you use a participating Delta PPO or Premier Network provider. Out-of-network providers can balance bill for amounts above the Delta Dental allowable charges.

Delta Dental of Washington Plan Summary	Payment Levels		
	Delta Dental PPO Dentist	Premier Dentist	Out-of-Network Dentist
<b>Class I - Diagnostic &amp; Preventive</b> Exams, prophylaxis, fluoride, x-rays, sealants	80%	60%	60%
<b>Class II - Restorative</b> Restorations, endodontics, periodontics, oral surgery	70%	60%	60%
<b>Class III – Major</b> Crowns, dentures, partials, bridges, and implants	50%	40%	40%
<b>Annual Maximum Per Person</b> Benefit period: (Jan 1 - Dec 31)	\$1,500	\$1,500	\$1,500
<b>Deductible (Waived on Class I)</b> Per person/per benefit period Annual family maximum	\$50 \$100	\$50 \$100	\$50 \$100
<b>Orthodontia</b> Adults & dependent children Lifetime maximum per enrollee	50% \$1,200	50% \$1,200	50% \$1,200

*MySmile® personal benefits center is a unique online tool that provides personalized strategies for employees to use to improve their oral health. It is accessed through the Delta Dental of Washington web site [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com)*

*Please Note: This is a brief summary of benefits only and does not constitute a contract. Please feel free to call Delta Dental's Customer Service Department if you have any questions.*

**NOTE:** It is recommended that when a course of treatment is expected to cost \$300 or more, and is of a non-emergency nature, your dentist should submit a treatment plan before he/she begins. This enables you to know what your out-of-pocket expenses will be so you are not surprised and can budget accordingly. There is also a possibility that suggested procedures may be denied, and alternative procedures approved based upon X-rays and supporting documentation.



**Willamette Dental Group** practices evidence-based dentistry focused on preventive treatment and partners with you to promote health habits. With no maximums\*, no deductible and predictable copays for covered services, they help you plan for your care and treatment. Willamette Dental Group requires you to see an Exclusive Provider Organization (EPO) provider for services to be covered under the plan.



Willamette Dental Group				
Benefit		Co-Payment		
Annual Maximum	No annual maximum*	<b>Endodontics and Periodontics</b>		
Deductible	No deductible			
General & Ortho Office Visit	\$20 per visit			
Specialist Office Visit	\$20 per visit			
<b>Diagnostic and Preventive Services</b>				
Routine and Emergency Exams	Covered at 100%	Root Canal Therapy – Anterior		\$50
X-rays		Root Canal Therapy – Bicuspid		\$75
Teeth Cleaning		Root Canal Therapy – Molar		\$100
Fluoride Treatment		Osseous Surgery (per Quadrant)		\$140
Sealants		Root Planing (per Quadrant)		Covered at 100%
Head and Neck Cancer Screening		<b>Oral Surgery</b>		
Oral Hygiene Instruction		Routine Extraction (Single Tooth)		Covered at 100%
Periodontal Charting		Surgical Extraction		\$50
Periodontal Evaluation		<b>Orthodontia</b>		
<b>Restorative Dentistry</b>		Pre-Orthodontic Service		\$150**
Fillings	Covered at 100%	Comprehensive Orthodontia		\$1,500
Stainless Steel Crown	Covered at 100%	<b>Miscellaneous</b>		
Porcelain-Metal Crown	\$120	Local Anesthesia		Covered at 100%
<b>Prosthodontics</b>		Dental Lab Fees		Covered at 100%
Complete Upper or Lower Denture	\$170	Nitrous Oxide		\$10 per Visit
Bridge (per Tooth)	\$120	After Hours Emergency Care		\$20 per Visit
		Dental Implant Surgery		Implant benefit max of \$1,500 per calendar year
<b>Out of Area Emergency Care Reimbursement up to \$100</b>				
*TMJ has a \$1000 annual maximum/\$5000 lifetime maximum				

\*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum.

\*\*Fee credited towards comprehensive orthodontic co-payment if patient accepts treatment plan.

Underwritten by Willamette Dental of Washington, Inc.

This plan provides extensive coverage of services and supplies to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are just some of the most common procedures in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.



# 2021 Health Premiums

Refer to the table below for your employee contributions as of January 1, 2021, broken down into weekly, bi-weekly, and monthly rates.

Medical			
Kaiser Permanente Options	Weekly (52)	Bi-Weekly (26)	Monthly (12)
Employee	\$40.56	\$81.12	\$175.75
Employee & 1 Dependent	\$74.22	\$148.44	\$321.62
Employee & 2 or more Dependents	\$124.52	\$249.03	\$539.57
United HealthCare PPO			
Employee	\$86.94	\$173.88	\$ 376.73
Employee & 1 Dependent	\$169.79	\$339.59	\$ 735.77
Employee & 2 or more Dependents	\$243.78	\$487.56	\$1,056.37

Dental			
Delta Dental of Washington	Weekly (52)	Bi-Weekly (26)	Monthly (12)
Employee	\$2.52	\$ 5.04	\$10.93
Employee & 1 Dependent	\$4.59	\$ 9.17	\$19.87
Employee & 2 or more Dependents	\$6.80	\$13.61	\$29.48
Willamette Dental			
Employee	\$ 2.84	\$ 5.69	\$12.32
Employee & 1 Dependent	\$ 5.69	\$11.39	\$24.67
Employee & 2 or more Dependents	\$10.68	\$21.35	\$46.26



# Life and Disability Plans

## Basic Life and Accidental Death and Dismemberment

Eligible employees, bargaining and non-bargaining, can elect basic life insurance equal to two times annual base salary. Your employee cost for this benefit is .2% of your monthly base salary. Non-bargaining employees have the option to elect basic life insurance equal to one times their annual base salary. For non-bargaining employees, there is no cost for this benefit. Life benefits will begin to decrease at age 65 by 8% each year.

When you elect basic life insurance, you are provided an Accidental Death and Dismemberment (AD&D) benefit of one times your annual base salary, at no cost to you!

If you do not elect the basic life at the time you are hired or during a life event, you will have to complete a statement of health and be approved by Cigna prior to benefits beginning. Please contact HEWT at Benefits-HEWT (onsite) or at [Benefits-HEWT@rl.gov](mailto:Benefits-HEWT@rl.gov) (offsite) for more information.



## Dependent Life Insurance

You may enroll your eligible dependents in dependent life insurance\*. You must be enrolled in basic life insurance to select this benefit. Spouse life insurance elections can be no more than 50% of your basic life benefit. You may enroll your eligible dependent children age 15 days to age 23. Premium rates are based on the elected coverage level.

If not elected at the time of hire or during a life event, your dependent will have to complete a statement of health and be approved by Cigna prior to benefits beginning. Please contact HEWT at Benefits-HEWT (onsite) or at [Benefits-HEWT@rl.gov](mailto:Benefits-HEWT@rl.gov) (offsite) for more information.

## Personal Accident Insurance

You may elect accidental death and dismemberment coverage for yourself and eligible dependents, up to 10 times the annual base salary, to a maximum of \$750,000. Premium rates are based on the elected coverage level.

## Business Travel Insurance

While traveling on Company approved business, eligible employees are enrolled in additional accidental death and dismemberment coverage. There is no employee cost for this benefit!

## Group Universal Life Insurance

Group Universal Life is an optional, employee paid insurance offered to you through Cigna and administered by Mercer Health & Benefits Administration LLC. This program provides portable coverage for employees and families and offers a Cash Accumulation Fund. The cost for Group Universal Life is based on the amount of coverage and the covered individual's age. You may elect to have the premium taken through automatic payroll deduction.

\*See dependent eligibility criteria for voluntary life plans for more information.

# Short-Term Disability Insurance

You may elect short-term disability coverage through Cigna which provides you with income protection for short-term disabilities resulting from a non-work related injury or illness. You are only responsible for paying 50% of the cost of the premium, with after tax dollars. The cost of this program is based on your individual salary. During your annual enrollment, you may opt out of short-term disability coverage if you choose.

	Cigna
Benefits Begin	Benefits begin after a 7-day waiting period from the day your disabling condition occurs; unless you are inpatient admitted for hospitalization, then benefits start right away.
Benefit	60% of your weekly base pay, up to a maximum benefit of \$4,000 per week
Maximum Benefit Duration	180 days
Pre-Existing Condition Exclusion*	Any condition for which you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines within 3 months prior to the effective date. If your disability is the result of a pre-existing condition, you will not be eligible for benefits if the disability begins in the first 6 months of coverage.

## \*Pre-Existing Condition Exclusion

If you enroll in coverage at the time that you are hired and you are continuously covered, you are not subject to any pre-existing condition exclusions. However, if you do not enroll at the time you are hired, or if you have a lapse in coverage, you will be subject to a pre-existing exclusion when you enroll.

# Long-Term Disability Insurance

All benefit eligible employees are automatically enrolled in the Group Long-Term Disability Plan. This benefit is provided at no cost to the employee.

	Cigna
Benefits Begin	On the 181 <sup>st</sup> day after the date of the onset of your disability
Benefit	50% of your monthly base pay, up to a maximum benefit of \$4,000 per month
Maximum Benefit Duration	When you retire; or the later of your 65 <sup>th</sup> birthday or 60 monthly benefit payments





# Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with UnitedHealthcare allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a healthcare spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

## How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

### 2021 Maximum Annual Election

Healthcare FSA \$2,750  
Dependent Care FSA \$5,000

## Healthcare Flexible Spending Account:

A Healthcare FSA allows you to pay for qualified out-of-pocket medical, dental, and vision expenses with pre-tax dollars. This includes copays and deductibles. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save money because you do not pay Federal Income Tax or FICA tax on your contributions. You may contribute up to a maximum of **\$2,750** for the plan year 2021 into your healthcare spending account.

- **Reminder!** If by the end of the plan year you do not use all of the money in your Healthcare FSA, you may carryover up to \$500 of the remaining balance to your Healthcare FSA the following plan year. Any Healthcare FSA funds exceeding the \$500 will be forfeited.

## Dependent Care Flexible Spending Account:

The Dependent Care FSA allows you to fund the cost of qualified dependent care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of **\$5,000** per household each plan year. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level.

- **Reminder!** If by the end of the plan year you do not use all of the money in your dependent care account, IRS regulations require you to forfeit the remaining balance.



## Important rules to keep in mind:

The IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA, you will lose any remaining funds. **Tip!** FSAs should only be considered for anticipated expenses. Be conservative when estimating the amount to contribute to each account.

Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a life status change event.

You cannot transfer funds from one FSA to another.



# Employee Assistance Program (EAP)

When you need help with work, home, personal or family matters, a confidential support resource is available at no cost to you.

All HEWT employees and their immediate family members may access our Employee Assistance Program (EAP), through Optum, at no cost.

The services provided to you through our EAP are completely **confidential**. The names of individuals who seek services through the EAP will not be shared with your employer. An EAP is a short-term counseling service that can assist you through difficult situations.

The service is staffed by experienced clinicians. Call any time with personal concerns, including:

- |                    |                              |
|--------------------|------------------------------|
| Depression         | Marital and family conflicts |
| Stress and anxiety | Alcohol and drug abuse       |
| Job Pressures      | Grief and loss               |



Contact the Employee Assistance Program at (800) 788-5614 or visit the website to utilize Optum's online tool and resources, available 24 hours per day at [www.liveandworkwell.com](http://www.liveandworkwell.com) | Access Code: 702633



# Contact Information

	ADDRESS	PHONE NUMBER	WEBSITE / E-MAIL
<b>United Healthcare Inc.</b> Medical PPO Group #: 702633	PO Box 30555 Salt Lake City, UT 84130	Customer Service & Pre-Admission Phone: 866-249-7606 Fax: 801-567-5499	<a href="http://www.uhc.com">www.uhc.com</a> <a href="http://www.myuhc.com">www.myuhc.com</a> <a href="http://www.uhcprovider.com">www.uhcprovider.com</a>
<b>United Healthcare Inc.</b> Vision Group #: 702633	PO Box 30978 Salt Lake City, UT 84130	Customer Service Phone: 800 638-3120 Fax: 248 733-6060	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
<b>Express Scripts, Inc.</b> Prescription Drugs (Retail & Home Delivery)	1 Express Way St. Louis, MO 63121	Customer Service Phone: 800-796-7518	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
<b>Accredo Specialty</b> Prescription Drugs (Specialty)	1620 Century Center Parkway, Ste 109 Memphis, TN 38134	Customer Service Phone: 800-803-2523	<a href="http://www.accredo.com">www.accredo.com</a>
<b>Kaiser Permanente</b> Medical Options & Vision Bargaining Group #: 6813500 Non-Bargaining Group #: 6966300	5615 W Sunset Highway Spokane, WA 99223	Customer Service: Phone: 888-901-4636	<a href="http://www.kp.org/wa">www.kp.org/wa</a>
<b>Kaiser Permanente</b> Prescription Drugs	5615 W Sunset Highway Spokane, WA 99223	Customer Service: Phone: 888-901-4636 Mail Order: 800-245-7979	<a href="http://www.kp.org/wa/pharmacy">www.kp.org/wa/pharmacy</a>
<b>Willamette Dental Group</b> Managed Dental Group # WA79	6950 NE Campus Way Hillsboro, OR 97124	Customer Service: Phone: 855-433-6825	<a href="http://www.willamettedental.com">www.willamettedental.com</a>
<b>Delta Dental of Washington</b> Dental PPO Group #00522	PO Box 75688 Seattle, WA 98175	Customer Service: Phone: 800-554-1907	<a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>
<b>Optum</b> Employee Assistance Program All HEWT Participants	PO Box 30755 Salt Lake City, UT 84130	Customer Service: Phone: 800-788-5614 TDD Phone: 866-216-9926	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> Access Code: 702633
<b>United Healthcare</b> Flexible Spending Accounts (FSA) Group # 702637	PO Box 981506 El Paso, TX 79998	Customer Service: Phone: 800-331-0480 Fax: 866-262-6354 Debit Card: 866-755-2648	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>WageWorks</b> (DWMB & COBRA)		Customer Service: Phone: 877-722-2667	<a href="http://www.mybenefits.wageworks.com">www.mybenefits.wageworks.com</a>
<b>The Vanguard Group Savings</b> Plan Numbers: O&E-093232 / HAMTC-093233 / HGU-093231		Custom Service: Phone: 800-523-1188	<a href="http://www.vanguard.com">www.vanguard.com</a>
<b>HEWT Benefits Administration</b> <b>Mission Support Alliance, LLC</b>	PO Box 650, H2-23 Richland, WA 99352	Benefits Help Line: Phone: 509-376-6962  Rhonda Renz Phone: 509-372-8284  Jason Queral Phone: 509-376-4388	Website: <a href="http://www.msa.hanford.gov/hr">www.msa.hanford.gov/hr</a>  E-mail Address: Benefits-HEWT (Onsite) <a href="mailto:Benefits-HEWT@rl.gov">Benefits-HEWT@rl.gov</a> (Offsite) <a href="mailto:Rhonda_J_Renz@rl.gov">Rhonda_J_Renz@rl.gov</a> <a href="mailto:Jason_C_Queral@rl.gov">Jason_C_Queral@rl.gov</a>

This brochure summarizes the benefit plans that are available to HEWT - Hanford Employee Welfare Trust eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

UnitedHealthcare PPO plan has a \$325 in-network individual deductible and you are responsible for 20% coinsurance. The Kaiser Permanente Option has a \$150 in-network individual deductible and you are responsible for 20% coinsurance.

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## PATIENT PROTECTION MODEL DISCLOSURE

If a medical benefit option offered under the Hanford Employee Welfare Trust (HEWT) requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, the Plan will designate one for you until you make a designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, refer to the applicable certificate of coverage or Summary Plan Description (SPD). For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan Administrator or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, refer to the applicable certificate of coverage or SPD.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Rhonda Renz

509-372-8284

[Rhonda J. Renz@rl.gov](mailto:Rhonda.J.Renz@rl.gov)

## HIPPA PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY YOUR HEALTHCARE PLANS AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

### **Your Information. Your Rights. Our Responsibilities.**

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

#### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example, if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases, we never share your information unless you give us written permission:
  - Marketing purposes
  - Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## **Other Instructions for Notice**

- Effective January 1, 2021
- If you have any questions regarding this notice or HIPAA privacy requirements as pertaining to the Health Plan, please contact: Rhonda Renz, HEWT HIPAA Privacy Office at 509-372-8284 or at Mission Support Alliances, LLC, MSIN H2-23, P.O. Box 650 Richland, WA 99352-1000

## **Important Notice from The Hanford Employee Welfare Trust (HEWT) About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Express Scripts, Inc., the prescription carrier for those individuals covered with UnitedHealthcare medical plans or Kaiser Permanente with those covered individuals with Kaiser Permanente and about your options under Medicare's prescription drug coverage. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
  2. The HEWT has determined that the prescription drug coverage offered by Express Scripts, Inc., and Kaiser Permanente is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
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### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current HEWT-sponsored drug coverage will be affected. The HEWT currently includes prescription drug coverage with the medical plans it offers to Medicare-eligible retirees and Long-Term Disability participants. If you choose to enroll in Medicare Part D, you will no longer be eligible for prescription drug coverage from the HEWT.

If you do decide to join a Medicare drug plan and drop your current HEWT-sponsored prescription drug coverage, be aware that you and your dependents will not be able to take this coverage back until the HEWT Open Enrollment Period in October of any year for coverage effective January 1st of the following year.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with HEWT and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.



If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact Benefits Administration for further information at 509-372-8284 or by e-mail to [BenefitsHEWT@rl.gov](mailto:BenefitsHEWT@rl.gov) (offsite) or Benefits-HEWT (onsite).

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the HEWT changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	January 1, 2021
Name of Entity/Sender:	Hanford Employee Welfare Trust (HEWT)
Contact--Position/Office:	Rhonda Renz, Benefits Administrator / MSA – Benefits Administration
Address:	PO Box 650, H2-23, Richland, WA 99352
Phone Number:	509-372-8284

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIP.com">CustomerService@MyAKHIP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCont.aspx</a> Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864

<b>IOWA – Medicaid and CHIP (Hawki)</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>KANSAS – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>KENTUCKY – Medicaid</b>	<b>NEVADA – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>LOUISIANA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>MAINE – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)